

# What's Happening Wednesday

## Kansas Immunization Program



### Vaccines for Children

November 18th 2015

**VFC Nurse on Call** -Nurse on Call is Betty Grindol [bgrindol@kdheks.gov](mailto:bgrindol@kdheks.gov) or 316-239-5970  
**Chief Chat –**



As you noticed in last week's What's Happening Wednesday, there have been new recommendations recently released for the meningococcal vaccine. We are in the process of adding stock to the Kansas inventory and will have this available for the next vaccine ordering cycle, December 1 – 7, 2015. We will be sending out some special communication regarding the new recommendations and how they impact VFC, CHIP and Medicaid prior to December 1<sup>st</sup>. This special communication will go to everyone on the What's Happening Wednesday mailing list and will come from the Kansas Immunization Program mailbox. There are some special considerations unique to this vaccine and the inability to mix manufacturers in the series, so we want to share these points in a manner that will be easily identified for future use.

A new upgrade to KSWebIZ will be released on November 20<sup>th</sup> at the end of the business day. With this new version, tokens will no longer be required. An email will be sent to each KSWebIZ user with a temporary password and instructions for updating your login. You will have fourteen days to reset your password and establish your new security questions. Anyone who does not reset within that fourteen days will be locked out of the system automatically and will have to work with the Immunization helpdesk to establish your account.

Please remember that Patti is out of the office this week, so any of the providers in the North East Region should reach out to the on-call nurse (Betty) for assistance.

In this edition of What's Happening Wednesday, we are introducing a new feature called "Did You Know?". This will be a weekly quick fact found in a yellow colored box somewhere in the newsletter. The nurses are putting these together from their experiences of working with you in the field. These are intended to be little bits that sometimes may have become lost in the large volume of information being shared with you about immunizations and the VFC program. Watch for these boxes each week and share them with those around the office.

Due to the holidays next week, there will be no What's Happening Wednesday. The Kansas Immunization Program wishes everyone a safe happy Thanksgiving. We are grateful for all that you do to protect the people of Kansas.

**Phil Griffin-Deputy Director, Bureau of Disease Control and Prevention**

### VFC Question of the Week-

**Q:** What is shoulder injury compensation, or SIRVA (shoulder injury related to vaccine administration)?



**A:** SIRVA is a vaccine administration error which has become recognized by the VICP (Vaccine Injury Compensation Program) as an actual injury for which compensation is paid to injured persons. SIRVA is the 1<sup>st</sup> condition to be compensated by the government which relates to vaccine administration technique, instead of the substance contained in vaccines. Shoulder injury is caused when the needle is introduced into the bursa (shoulder joint) and not into the deltoid.

You will find a vaccine administration cheat sheet in this issue on pages 5 and 6.

Please click here for more information on SIRVA: <http://www.pharmacytimes.com/news/compensation-growing-for-botched-vaccine-administration/P-1>

### DID YOU KNOW?

When a vaccination is administered, the person selected in the "administered by" drop-down box in KSWebIZ is taking responsibility for administering that vaccine. Make sure to click the correct person who administered the vaccine from the "administered by" drop-down box. Each person administering vaccinations in the clinic should have their name in the KSWebIZ drop down. If you find that you need names added to the "administered by" drop-down box please call  
1-877-296-0464

## Vaccine Information Statement Updates– Multi-Vaccine and PCV13

CDC has updated both the Multi-Vaccine for Infants and the PCV13 Vaccine information Statements with the edition date of 11-05-2015. These are the “final” as opposed to the “interim” editions. Both have been updated on the Kansas Immunization Program OrderCenter site and can be ordered online by clicking here:

<http://www.orderscenter.com/cart.asp?MerchantID=IPEDKDHE>

<a href="#">Multi-Vaccine (DTaP, IPV, Hib, PCV 13, Hep B) English</a> (KDHEVIS16E) Packaged in units of 100/PKG updated 11/18/15	<input type="text" value="0"/> PKG
<a href="#">Pneumococcal Conjugate PCV13 - English</a> (KDHEVIS11E) Packaged in units of 100/PKG 11/18/15	<input type="text" value="0"/> PKG

If you would like to print copies of the updated VIS statements until your orders arrive, please click here:

**Click here for the new Multi-Vaccine for Infants VIS:**

[http://www.immunize.org/vis/multi\\_vaccine\\_infants.pdf](http://www.immunize.org/vis/multi_vaccine_infants.pdf)

**Click here for the new PCV13 VIS:**

<http://www.immunize.org/vis/pcv.pdf>

## Vaccine-Preventable Disease Outbreaks

### Pertussis “Whooping Cough” – RENO COUNTY:

KDHE and Reno County Health Department are still investigating an outbreak of pertussis. One new case has been identified and linked to the outbreak increasing the case count to 91; however, this investigation is not complete and will not be reflected in the county level case counts, which can be found at: [http://www.kdheks.gov/epi/case\\_reports\\_by\\_county.htm](http://www.kdheks.gov/epi/case_reports_by_county.htm). Please note these numbers are preliminary and are subject to change based on case review. For any questions about reporting or for technical assistance please call the KDHE epidemiology hotline at 877-427-7317.

**Chelsea Raybern, MPH Epidemiologist Bureau of Epidemiology and Public Health Informatics**

## Influenza Surveillance– Influenza Like Illness Increasing

Influenza-like Illness Network (ILINet) sites are monitoring patients for influenza-like illness (ILI) – symptoms include a fever ( $\geq 100^{\circ}\text{F}$ ) and the presence of a cough and/or sore throat. ILINet sites also submit up to two specimens for testing at the Kansas Health and Environmental Laboratories (KHEL). These specimens help monitor what types of influenza are present in Kansas. During the week ending November 14<sup>th</sup>, ILINet sites reported 1.4% of visits were due to influenza-like illness. This is below the regional ILI baseline of 1.7%. There have been no positive influenza specimens tested at KHEL.

**Amie Worthington-KDHE Medical Investigator**

## Influenza Vaccine Available

We currently have stock in the following presentations:

Updates to the available doses will be posted weekly in the What's Happening Wednesday newsletter. If you have questions regarding FluMist delays, how flu orders are filled, and availability, please refer to the 2015-2016 Seasonal Flu communication or contact Jackie Strecker at 877-296-0464 or [vaccine@kdheks.gov](mailto:vaccine@kdheks.gov).



2015-2016 PEDIATRIC SEASONAL FLU CHART - UPDATED 11/18/15

Manufacturer	Brand	NDC	Age	Presentation	VFC	Available	CHIP	Available
GSK	Fluarix Quad (IIV4)	58160-0903-52	36mos+	10 1 dose syringes		0		0
Novartis	Fluvirin (IIV3)	66521-0118-02	4 years +	10 1 dose syringes		480		0
Sanofi	Fluzone Quad (IIV4)	49281-0415-10	36mos+	10 1 dose vials		0		0
Sanofi	Fluzone Quad (IIV4)	49281-0415-50	36mos+	10 1 dose syringes		2612		0
Sanofi	Fluzone Quad (IIV4)	49281-0515-25	6-35mos	10 1 dose syringes		4539		0
Sanofi	Fluzone Quad (IIV4)	49281-0623-15	6mos+	10 dose vial		741		197
MedImmune	FluMist Quad (LAIV4)	66019-0302-10	2-49 years	10 1 dose sprayers		0		0

# KSWEBIZ Trainings



## Aggregate Inventory Training

The Aggregate Inventory Training occurs the first Friday of every month from 10:30 -11:30 a.m. This call will go over the basics of the On Hand, Reconciliation (MIR submission) and Vaccine Ordering windows in KSWebIZ for Aggregate Users. Bring questions and examples of issues that your clinic is having with the end of the month reporting. **Please note:** this call is for KSWebIZ Aggregate Users Only! After registering, you will receive a confirmation email containing information about joining the webinar.

Register now for the date that works best for you! <https://attendee.gotowebinar.com/rt/6325908572768310795>

## Direct Entry Inventory Training

The Direct Entry Inventory Training occurs the first Friday of every month from 12 -1 p.m. This call will go over the basics of the On Hand, Reconciliation (MIR submission) and Vaccine Ordering windows in KSWebIZ. Bring questions and examples of issues that your clinic is having with the end of the month reporting. **Please note:** this call is for KSWebIZ Direct Entry Users Only! After registering, you will receive a confirmation email containing information about joining the webinar.

Register now for the date that works best for you! <https://attendee.gotowebinar.com/rt/2218486074629690891>

## New User Training

The New User Training occurs the second Friday of every month from 12 -1 p.m. This basic training is for new KSWebIZ users, or people who would like a simplified refresher training on how to use KSWebIZ. We will be going over log-in, adding history, administering vaccinations, printing consents and pink cards. If you are a new user, have a new token, or recently had a token transferred to you please take the time to sit in on this training! **Please note:** this call is for KSWebIZ Direct Users Only! After registering, you will receive a confirmation email containing information about joining the webinar.

Register now for the date that works best for you! <https://attendee.gotowebinar.com/rt/3511041157917578763>

## School Module Training

The School Module Training occurs the third Friday of every month from 9 - 10 a.m. This basic training is for new KSWebIZ school module users, or people who would like a simplified refresher training. **Please note:** this call is for KSWebIZ School Module Users Only! After registering, you will receive a confirmation email containing information about joining the webinar.

Register now for the date that works best for you! <https://attendee.gotowebinar.com/rt/2641307669137463042>

## Reports Training

The Reports Training occurs the fourth Friday of every month from 12 - 1 p.m. This training is for KSWebIZ users who are wanting to learn more about the KSWebIZ Reports. We will be going over the various reporting sections and how to generate reports within these sections. We hope you have time to sit in on this training! **Please note:** this call is for KSWebIZ Direct Users Only! After registering, you will receive a confirmation email containing information about joining the webinar.

Register now for the date that works best for you! <https://attendee.gotowebinar.com/rt/7098240724490261249>

**KIP HELPDESK**  
**877-296-0464**  
**[immregistry@kdheks.gov](mailto:immregistry@kdheks.gov)**

## Vaccine Information Statements– PCV13 and Multi-Vaccine Update

Anthrax	3/10/10	MMRV	5/21/10
Chickenpox	3/13/08	Multi-vaccine	11/05/15
DTaP/DT/DTP	5/17/07	PCV 13	11/05/15
Hepatitis A	10/25/11	PPSV	4/24/15
Hepatitis B	2/02/12	Polio	11/8/11
Hib	4/2/15	Rabies	10/6/09
HPV (Gardasil/Cervarix)	5/17/13 and 5/03/11	Rotavirus	4/15/15
Influenza (LAIV4)	8-07-15	Shingles	10/6/09
Influenza (IIV3 or IIV4)	8-07-15	Smallpox	10/01/09
Japan. enceph.	1/24/14	Td	2/24/15
Meningococcal	10/14/11	Typhoid	5/29/12
MMR	4/20/12	Yellow fever	3/30/11
Tdap	2/24/15	HPV9	4/15/15

## Vaccine Redistribution

Please email any additions or changes to be made on the Vaccine Redistribution lists with subject matter "Redistribution" to [vaccine@kdheks.gov](mailto:vaccine@kdheks.gov) or call toll free at 1-877-296-0464  
[http://www.kdheks.gov/immunize/vaccine\\_redistribution.htm](http://www.kdheks.gov/immunize/vaccine_redistribution.htm)

**REMINDERS:** Providers may place the excess doses on the KIP Redistribution list if:

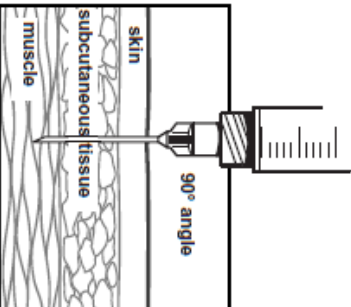
- 1) The vaccine has a minimum of 90 days and a maximum of 365 days before the vaccine's expiration date;
- 2) The ordering provider is responsible for any doses which expire on the redistribution list that have not been accepted for transfer to another VFC provider;
- 3) Providers accepting vaccine from the redistribution list are responsible for using the doses once they are transferred. KIP encourages providers to accept only doses they can administer before the expiration date;
- 4) The transferring and receiving provider will document these doses on their monthly MIR/reconciliation reports as transferred vaccines.
- 5) Once vaccine is transferred please contact KIP to let us know so we can adjust the redistribution list by either deleting the line or by reducing the amount of doses.
- 6) All vaccines must be in full boxes
- 7) The KIP nurse consultant who is on call must be contacted prior to transferring vaccine
- 8) Providers are responsible for keeping KIP notified if there is a change in amount of doses available for redistribution.
- 9) When placing an order, you may be contacted if the vaccine you are trying to order is on the redistribution list.
- 10) Varicella and Proquad, will not be posted on the VFC or Private Vaccine Redistribution List.

Frozen Varivax vaccines are very intolerant to out of range temperatures. To prevent potential vaccine waste the Kansas Immunization Program requests that Varivax containing vaccines not be transferred to other providers.

Questions regarding transporting vaccine call 877-296-0464 to request assistance.

## How to Administer Intramuscular (IM) Vaccine Injections

Administer these vaccines by the intramuscular (IM) route: diphtheria-tetanus-pertussis (DTaP, Tdap); diphtheria-tetanus (DT, Td); *Haemophilus influenzae* type b (Hib); hepatitis A (HepA); hepatitis B (HepB); human papillomavirus (HPV); inactivated influenza (TIV); quadrivalent meningococcal conjugate (MCV4); and pneumococcal conjugate (PCV). Administer inactivated polio (IPV) and pneumococcal polysaccharide (PPSV23) either IM or SC.

Patient age	Injection site	Needle size	Needle insertion
Newborn (0–28 days)	Anterolateral thigh muscle	5/8" (22–25 gauge)	<p>Use a needle long enough to reach deep into the muscle.</p> <p>Insert needle at a 90° angle to the skin with a quick thrust.</p> <p>(Before administering an injection of vaccine, it is not necessary to aspirate, i.e., to pull back on the syringe plunger after needle insertion.<sup>1)</sup>)</p> <p>Multiple injections given in the same extremity should be separated by a minimum of 1", if possible.</p>
Infant (1–12 months)	Anterolateral thigh muscle	1" (22–25 gauge)	
Toddler (1–2 years)	Anterolateral thigh muscle	1–1 1/4" (22–25 gauge)	
	Alternate site: Deltoid muscle of arm if muscle mass is adequate	5/8–1" (22–25 gauge)	
Children (3–18 years)	Deltoid muscle (upper arm)	5/8–1" (22–25 gauge)	
	Alternate site: Anterolateral thigh muscle	1–1 1/4" (22–25 gauge)	
Adults 19 years and older	Deltoid muscle (upper arm)	1–1 1/2" (22–25 gauge)	
	Alternate site: Anterolateral thigh muscle	1–1 1/2" (22–25 gauge)	

<sup>1</sup>A 3/4" needle usually is adequate for neonates (first 28 days of life), preterm infants, and children ages 1 through 18 years if the skin is stretched flat between the thumb and forefinger and the needle is inserted at a 90° angle to the skin.

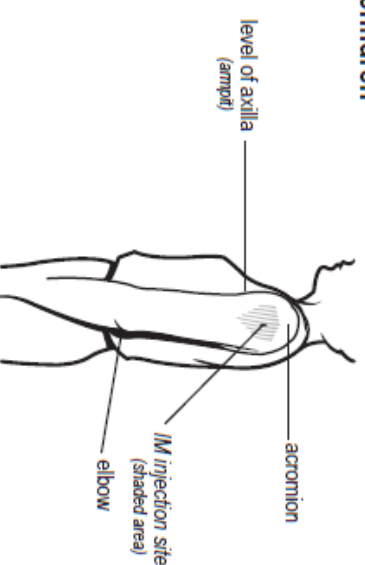
A 1 1/4" needle is sufficient in adults weighing less than 130 lbs (<60 kg) if the subcutaneous tissue is not bunched and the injection is made at a 90-degree angle; a 1" needle is sufficient in adults weighing 130–152 lbs (60–70 kg); a 1–1 1/2" needle is recommended in women weighing 152–200 lbs (70–90 kg) and men weighing 152–260 lbs (70–118 kg); a 1 1/2" needle is recommended in women weighing more than 200 lbs (>90 kg) or men weighing more than 260 lbs (>118 kg).

### IM site for infants and toddlers



Insert needle at a 90° angle into the anterolateral thigh muscle.

### IM site for children and adults



Insert needle at a 90° angle into thickest portion of deltoid muscle — above the level of the axilla and below the acromion.

<sup>1</sup>CDC. "ACIP General Recommendations on Immunization" at [www.immunize.org/acip](http://www.immunize.org/acip)

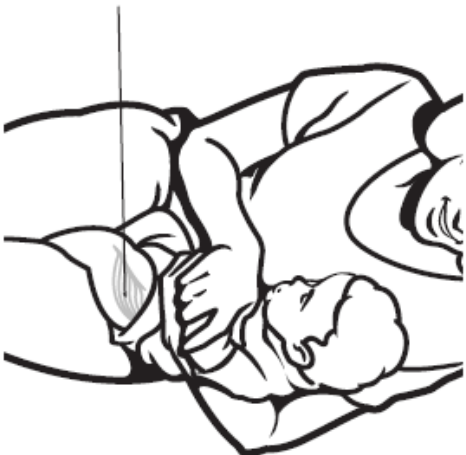


## How to Administer Subcutaneous (SC) Vaccine Injections

Administer these vaccines by the subcutaneous (SC) route: measles, mumps, and rubella (MMR), varicella (VAR), meningococcal polysaccharide (MPSV4), and zoster (shingles [ZOS]). Administer inactivated polio (IPV) and pneumococcal polysaccharide (PPSV23) vaccines either SC or IM.

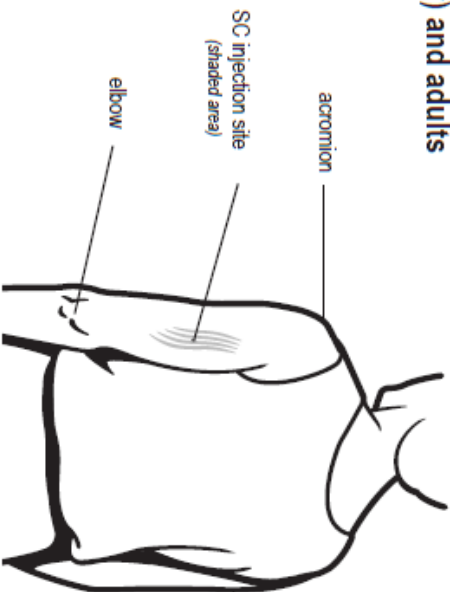
Patient age	Injection site	Needle size	Needle insertion
Birth to 12 mos.	Fatty tissue over the anterolateral thigh muscle	5/8" needle, 23–25 gauge	<p>Pinch up on subcutaneous (SC) tissue to prevent injection into muscle.</p> <p>Insert needle at 45° angle to the skin.</p> <p>(Before administering an injection of vaccine, it is not necessary to aspirate, i.e., to pull back on the syringe plunger after needle insertion. *)</p> <p>Multiple injections given in the same extremity should be separated by a minimum of 1".</p> <p>*CDC, "ACIP General Recommendations on Immunization" at <a href="http://www.immunize.org/acip">www.immunize.org/acip</a></p>
12 mos. and older	Fatty tissue over anterolateral thigh or fatty tissue over triceps	5/8" needle, 23–25 gauge	

### SC site for infants



SC injection site (shaded area)

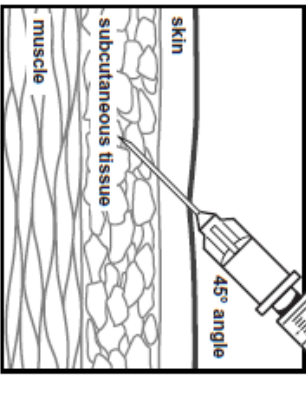
### SC site for children (after the 1st birthday) and adults



acromion

SC injection site (shaded area)

elbow



skin

45° angle

subcutaneous tissue

muscle

Insert needle at a 45° angle into fatty tissue of the anterolateral thigh. Make sure you pinch up on SC tissue to prevent injection into the muscle.

Insert needle at a 45° angle into the fatty tissue over the triceps muscle. Make sure you pinch up on the SC tissue to prevent injection into the muscle.

Technical content reviewed by the Centers for Disease Control and Prevention.

[www.immunize.org/catg.d/p2020.pdf](http://www.immunize.org/catg.d/p2020.pdf) • Item #P2020 (10/12)

## VACCINE INFORMATION STATEMENT

# Pneumococcal Conjugate Vaccine (PCV13)

## What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://www.immunize.org/vis)

### 1 Why get vaccinated?

Vaccination can protect both children and adults from pneumococcal disease.

Pneumococcal disease is caused by bacteria that can spread from person to person through close contact. It can cause ear infections, and it can also lead to more serious infections of the:

- Lungs (pneumonia),
- Blood (bacteremia), and
- Covering of the brain and spinal cord (meningitis).

Pneumococcal pneumonia is most common among adults. Pneumococcal meningitis can cause deafness and brain damage, and it kills about 1 child in 10 who get it.

Anyone can get pneumococcal disease, but children under 2 years of age and adults 65 years and older, people with certain medical conditions, and cigarette smokers are at the highest risk.

Before there was a vaccine, the United States saw:

- more than 700 cases of meningitis,
- about 13,000 blood infections,
- about 5 million ear infections, and
- about 200 deaths

in children under 5 each year from pneumococcal disease. Since vaccine became available, severe pneumococcal disease in these children has fallen by 88%.

About 18,000 older adults die of pneumococcal disease each year in the United States.

Treatment of pneumococcal infections with penicillin and other drugs is not as effective as it used to be, because some strains of the disease have become resistant to these drugs. This makes prevention of the disease, through vaccination, even more important.

### 2 PCV13 vaccine

Pneumococcal conjugate vaccine (called PCV13) protects against 13 types of pneumococcal bacteria.

PCV13 is routinely given to children at 2, 4, 6, and 12–15 months of age. It is also recommended for children and adults 2 to 64 years of age with certain health conditions, and for all adults 65 years of age and older. Your doctor can give you details.

### 3 Some people should not get this vaccine

Anyone who has ever had a life-threatening allergic reaction to a dose of this vaccine, to an earlier pneumococcal vaccine called PCV7, or to any vaccine containing diphtheria toxoid (for example, DTaP), should not get PCV13.

Anyone with a severe allergy to any component of PCV13 should not get the vaccine. *Tell your doctor if the person being vaccinated has any severe allergies.*

If the person scheduled for vaccination is not feeling well, your healthcare provider might decide to reschedule the shot on another day.

### 4 Risks of a vaccine reaction

With any medicine, including vaccines, there is a chance of reactions. These are usually mild and go away on their own, but serious reactions are also possible.

Problems reported following PCV13 varied by age and dose in the series. The most common problems reported among children were:

- About half became drowsy after the shot, had a temporary loss of appetite, or had redness or tenderness where the shot was given.
- About 1 out of 3 had swelling where the shot was given.
- About 1 out of 3 had a mild fever, and about 1 in 20 had a fever over 102.2°F.
- Up to about 8 out of 10 became fussy or irritable.

Adults have reported pain, redness, and swelling where the shot was given; also mild fever, fatigue, headache, chills, or muscle pain.

Young children who get PCV13 along with inactivated flu vaccine at the same time may be at increased risk for seizures caused by fever. Ask your doctor for more information.



U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention

#### Problems that could happen after any vaccine:

- People sometimes faint after a medical procedure, including vaccination. Sitting or lying down for about 15 minutes can help prevent fainting, and injuries caused by a fall. Tell your doctor if you feel dizzy, or have vision changes or ringing in the ears.
- Some older children and adults get severe pain in the shoulder and have difficulty moving the arm where a shot was given. This happens very rarely.
- Any medication can cause a severe allergic reaction. Such reactions from a vaccine are very rare, estimated at about 1 in a million doses, and would happen within a few minutes to a few hours after the vaccination.

As with any medicine, there is a very small chance of a vaccine causing a serious injury or death.

The safety of vaccines is always being monitored. For more information, visit: [www.cdc.gov/vaccinesafety/](http://www.cdc.gov/vaccinesafety/)

**5**

#### What if there is a serious reaction?

##### What should I look for?

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or unusual behavior.

Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness—usually within a few minutes to a few hours after the vaccination.

##### What should I do?

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 or get the person to the nearest hospital. Otherwise, call your doctor.

Reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor should file this report, or you can do it yourself through the VAERS web site at [www.vaers.hhs.gov](http://www.vaers.hhs.gov), or by calling 1-800-822-7967.

*VAERS does not give medical advice.*

**6**

#### The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling 1-800-338-2382 or visiting the VICP website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation). There is a time limit to file a claim for compensation.

**7**

#### How can I learn more?

- Ask your healthcare provider. He or she can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call 1-800-232-4636 (1-800-CDC-INFO) or
  - Visit CDC's website at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)

#### Vaccine Information Statement PCV13 Vaccine

11/05/2015

42 U.S.C. § 300aa-26

Office Use Only





## VACCINE INFORMATION STATEMENT

# Your Child's First Vaccines

## What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://www.immunize.org/vis)

The vaccines covered on this statement are those most likely to be given during the same visits during infancy and early childhood. Other vaccines (including measles, mumps, and rubella; varicella; rotavirus; influenza; and hepatitis A) are also routinely recommended during the first five years of life.

### Your child will get these vaccines today:

☐ DTaP      ☐ Hib      ☐ Hepatitis B      ☐ Polio      ☐ PCV13

(Provider: Check appropriate boxes.)

### 1 Why get vaccinated?

Vaccine-preventable diseases are much less common than they used to be, thanks to vaccination. But they have not gone away. Outbreaks of some of these diseases still occur across the United States. **When fewer babies get vaccinated, more babies get sick.**

7 childhood diseases that can be prevented by vaccines:

#### 1. Diphtheria (the 'D' in DTaP vaccine)

- **Signs and symptoms** include a thick coating in the back of the throat that can make it hard to breathe.
- **Diphtheria can lead to** breathing problems, paralysis and heart failure.
  - About 15,000 people died each year in the U.S. from diphtheria before there was a vaccine.

#### 2. Tetanus (the 'T' in DTaP vaccine; also known as Lockjaw)

- **Signs and symptoms** include painful tightening of the muscles, usually all over the body.
- **Tetanus can lead to** stiffness of the jaw that can make it difficult to open the mouth or swallow.
  - Tetanus kills about 1 person out of every 10 who get it.

#### 3. Pertussis (the 'P' in DTaP vaccine, also known as Whooping Cough)

- **Signs and symptoms** include violent coughing spells that can make it hard for a baby to eat, drink, or breathe. These spells can last for several weeks.
- **Pertussis can lead to** pneumonia, seizures, brain damage, or death. Pertussis can be very dangerous in infants.
  - Most pertussis deaths are in babies younger than 3 months of age.

#### 4. Hib (*Haemophilus influenzae* type b)

- **Signs and symptoms** can include fever, headache, stiff neck, cough, and shortness of breath. There might not be any signs or symptoms in mild cases.
- **Hib can lead to** meningitis (infection of the brain and spinal cord coverings); pneumonia; infections of the ears, sinuses, blood, joints, bones, and covering of the heart; brain damage; severe swelling of the throat, making it hard to breathe; and deafness.
  - Children younger than 5 years of age are at greatest risk for Hib disease.

#### 5. Hepatitis B

- **Signs and symptoms** include tiredness, diarrhea and vomiting, jaundice (yellow skin or eyes), and pain in muscles, joints and stomach. But usually there are no signs or symptoms at all.
- **Hepatitis B can lead to** liver damage, and liver cancer. Some people develop chronic (long term) hepatitis B infection. These people might not look or feel sick, but they can infect others.
  - Hepatitis B can cause liver damage and cancer in 1 child out of 4 who are chronically infected.

#### 6. Polio

- **Signs and symptoms** can include flu-like illness, or there may be no signs or symptoms at all.
- **Polio can lead to** permanent paralysis (can't move an arm or leg, or sometimes can't breathe) and death.
  - In the 1950s, polio paralyzed more than 15,000 people every year in the U.S.



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Control and Prevention

## 7. Pneumococcal Disease

- **Signs and symptoms** include fever, chills, cough, and chest pain. In infants, symptoms can also include meningitis, seizures, and sometimes rash.
- **Pneumococcal disease can lead to meningitis** (infection of the brain and spinal cord coverings); infections of the ears, sinuses and blood; pneumonia; deafness; and brain damage.
  - About 1 out of 15 children who get pneumococcal meningitis will die from the infection.

Children usually catch these diseases from other children or adults, who might not even know they are infected. A mother infected with hepatitis B can infect her baby at birth. Tetanus enters the body through a cut or wound; it is not spread from person to person.

### Vaccines that protect your baby from these seven diseases:

Vaccine	Number of doses	Recommended ages	Other information
DTaP (Diphtheria, Tetanus, Pertussis)	5	2 months, 4 months, 6 months, 15-18 months, 4-6 years	Some children get a vaccine called DT (Diphtheria & Tetanus) instead of DTaP.
Hepatitis B	3	Birth, 1-2 months, 6-18 months	
Polio	4	2 months, 4 months, 6-18 months, 4-6 years	An additional dose of polio vaccine may be recommended for travel to certain countries.
Hib ( <i>Haemophilus influenzae</i> type b)	3 or 4	2 months, 4 months, (6 months), 12-15 months	There are several Hib vaccines. With one of them the 6-month dose is not needed.
Pneumococcal (PCV13)	4	2 months, 4 months, 6 months, 12-15 months	Older children with certain health conditions also need this vaccine.

Your healthcare provider might offer some of these vaccines as **combination vaccines**—several vaccines given in the same shot. Combination vaccines are as safe and effective as the individual vaccines, and can mean fewer shots for your baby.

## 2

### Some children should not get certain vaccines

Most children can safely get all of these vaccines. But there are some exceptions:

- A child who has a mild cold or other illness on the day vaccinations are scheduled may be vaccinated. A child who is moderately or severely ill on the day of vaccinations might be asked to come back for them at a later date.
- Any child who had a life-threatening allergic reaction after getting a vaccine should not get another dose of that vaccine. *Tell the person giving the vaccines if your child has ever had a severe reaction after any vaccination.*
- A child who has a severe (life-threatening) allergy to a substance should not get a vaccine that contains that substance. *Tell the person giving your child the vaccines if your child has any severe allergies that you are aware of.*

### Talk to your doctor before your child gets:

- **DTaP vaccine**, if your child ever had any of these reactions after a previous dose of DTaP:
  - A brain or nervous system disease within 7 days,
  - Non-stop crying for 3 hours or more,
  - A seizure or collapse,
  - A fever of over 105°F.
- **PCV13 vaccine**, if your child ever had a severe reaction after a dose of DTaP (or other vaccine containing diphtheria toxoid), or after a dose of PCV7, an earlier pneumococcal vaccine.

## 3

### Risks of a Vaccine Reaction

With any medicine, including vaccines, there is a chance of side effects. These are usually mild and go away on their own. Most vaccine reactions are not serious: tenderness, redness, or swelling where the shot was given; or a mild fever. These happen soon after the shot is given and go away within a day or two. They happen with up to about half of vaccinations, depending on the vaccine.

Serious reactions are also possible but are rare.

**Polio, Hepatitis B and Hib Vaccines** have been associated only with mild reactions.

**DTaP and Pneumococcal** vaccines have also been associated with other problems:

#### **DTaP Vaccine**

- **Mild Problems:** Fussiness (up to 1 child in 3); tiredness or loss of appetite (up to 1 child in 10); vomiting (up to 1 child in 50); swelling of the entire arm or leg for 1-7 days (up to 1 child in 30)—usually after the 4th or 5th dose.
- **Moderate Problems:** Seizure (1 child in 14,000); non-stop crying for 3 hours or longer (up to 1 child in 1,000); fever over 105°F (1 child in 16,000).
- **Serious problems:** Long term seizures, coma, lowered consciousness, and permanent brain damage have been reported following DTaP vaccination. These reports are extremely rare.

#### **Pneumococcal Vaccine**

- **Mild Problems:** Drowsiness or temporary loss of appetite (about 1 child in 2 or 3); fussiness (about 8 children in 10).
- **Moderate Problems:** Fever over 102.2°F (about 1 child in 20).

#### **After any vaccine:**

Any medication can cause a severe allergic reaction. Such reactions from a vaccine are very rare, estimated at about 1 in a million doses, and would happen within a few minutes to a few hours after the vaccination.

As with any medicine, there is a very remote chance of a vaccine causing a serious injury or death.

The safety of vaccines is always being monitored. For more information, visit: [www.cdc.gov/vaccinesafety/](http://www.cdc.gov/vaccinesafety/)

## **4 What if there is a serious reaction?**

#### **What should I look for?**

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or unusual behavior.

Signs of a severe allergic reaction can include hives, swelling of the face and throat, and difficulty breathing. In infants, signs of an allergic reaction might also include fever, sleepiness, and disinterest in eating. In older children signs might include a fast heartbeat, dizziness, and weakness. These would usually start a few minutes to a few hours after the vaccination.

#### **What should I do?**

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 or get the person to the nearest hospital. Otherwise, call your doctor.

Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor should file this report, or you can do it yourself through the VAERS web site at [www.vaers.hhs.gov](http://www.vaers.hhs.gov), or by calling 1-800-822-7967.

*VAERS does not give medical advice.*

## **5 The National Vaccine Injury Compensation Program**

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling 1-800-338-2382 or visiting the VICP website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation). There is a time limit to file a claim for compensation.

## **6 How can I learn more?**

- Ask your healthcare provider. He or she can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call 1-800-232-4636 (1-800-CDC-INFO)
  - Visit CDC's website at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines) or [www.cdc.gov/hepatitis](http://www.cdc.gov/hepatitis)

## **Vaccine Information Statement Multi Pediatric Vaccines**

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